

**Western Regional Trauma Advisory Committee (WRTAC)**  
**Friday January 9<sup>th</sup>, 2015**  
**Saint Patrick Hospital**

1150 meeting called to order by Dr. Milheim

Minutes reviewed and approved

**SQI Presentation**

**KRMC Case**

ATV vs truck. VSS head wound and L hip pain. ALERT assumed care requested a modified trauma. In route there was a change in patient status with no change made to modified activation. Positive FAST exam. BP stable then taken to CT. 2200 cc of blood in abdomen. No blood products in the ED due to lower level activation. Blood products in OR. Hospitalized for 7 days and discharged into inpatient rehab. Reviewed with guest surgeon from Harborview. Traumatic lumbar hernia. Received a lot of crystalloid instead of blood products initially. OR not notified until after CT.

**Saint James Hospital**

Hunting accident. GSW to the lower right quadrant of the abdomen. Became unstable during initial evaluation with tachycardia and hypotension. Directly to OR without CT or FAST, damage control laparotomy, packed open. Assisted by spine surgeon/orthopedic surgeon. Patient then on to the angio suite with coiling and then taken to ICU and stabilized. ORIF acetabulum transferred to inpatient rehab.

**Providence Saint Patrick Hospital**

MVC rollover 11 miles from TRF and 50 miles from SPH. Local EMS agency headed toward SPH instead of nearest facility. Vomiting enroute to SPH with ALS rendezvous 20 miles outside of Missoula. Trauma Alert with GCS not recorded. Severe traumatic brain injury with multiple other injuries. Comfort care and organ donation.

Escaped from facility and jumped onto the side of a semi-truck and then fell off or jumped off. Subarachnoid hemorrhage. To OR for craniotomy and returned to initial facility. Unable to fly and it took 1 hour and 42 minutes for ground ALS to depart for first facility. Discussion regarding critical care paramedics and when a nurse is needed. How to choose a flight service?

Snowmobilers submerged in lake. Flight not an option. 1<sup>st</sup> patient stable with GCS 15. Sent BLS to rendezvous with Medic 3 to SPH. Two Bear Air assisted in locating the other 2 patients. Avalanche airbags had deployed, both patients face down in the water when raised by cable to extricate them from water. Two phone calls to SPH. Unstable, potentially dangerous scene. 3 hours post event.

Patient #2: CPR, IV, passive warming methods. Patient arrived at SPH asystolic with a potassium of 19.6. A repeat potassium was 16 and efforts ceased.

Patient #3: CPR requiring constant suctioning. Asystole and intubated. K+ of 10. Taken to OR for rewarming bypass. After complete rearming, K+ 10.1 with no cardiac activity. Efforts ceased in OR. Hard stop points for resuscitation is a difficult determination, especially in an event with young people and survivors.

#### **New Business:**

**Legislature-** If you could get more money, what would you do with it?

If we are going to make a proposal to the state legislature what would we want to do with it?

- Centralized dispatched
- Education/grants
- Facility staffing to devote to Trauma system
- Reimbursement for uncompensated care
- Money for volunteer services.

Email Alyssa Sexton further thoughts

#### **Old Business:**

#### **State Reports:**

#### **New Montana Trauma Facility Designation Criteria starts in January**

#### **Designation Updates:**

##### **September:**

Forsyth: Trauma Receiving Facility

Columbus: Trauma Receiving Facility

##### **October:**

Shelby: Trauma Receiving Facility

Choteau: Trauma Receiving Facility

Chester: Trauma Receiving Facility

##### **November:**

Roundup: NEW! Trauma Receiving Facility

Anaconda: Community Trauma Hospital Reviewed

CMC Missoula: Area Trauma Hospital Reviewed

Plains: Community Trauma Hospital Reviewed

#### **Montana Trauma Registry Inclusion Criteria**

- We did not change registry criteria, just changed the format
- Tried to simplify the form using a flow chart instead of previously used columns
- We received objections that the old format was difficult to understand
- We were missing many patients that actually did meet criteria
- Both will be available for use and on the website

#### **Facility Resource Guide:**

- Sent to printer the end of December and will be available soon

- Guide will be available to assist with transfers, locums knowledge of facilities and capabilities
- Will include Facility/Staff info patient transport info, lab and radiology info
- Also including Air Medical, Facility Designation List and Summary of ECP Levels

**New Re-Designed Website:**

[www.dphhs.mt.gov](http://www.dphhs.mt.gov)

<http://dphhs.mt.gov/publichealth/emsts.aspx>

**2015 Legislature:**

Link on EMSTS website proposed legislation that may affect EMS/Trauma/Healthcare/Injury Prevention

Some Current Introduced/Un-Introduced bills include:

- Provide for primary seatbelt law
- Distracted driving
- Air medical subscriptions
- Sharing healthcare information with law enforcement
- Adopt nurse licensure compact
- Benefits for emergency responders
- Increased highway speed to 80 MPH
- Healthcare professional reporting requirements for gunshot/stab wounds
- And more....

**ATS Dates:**

2015 Full Course

2015 Refresher Course

Feb 27- 28	Great Falls
March 20-21	Billings
May 29-30	Missoula
November 6-7	Billings

Feb 28	Great Falls
March 21	Billings
May 30	Missoula
November 7	Billings

**STCC Resignations:**

Vacancies:

- American College of Emergency Physicians
- MT Emergency Medical Service Assoc.

**Web-based Collector Training:**

- Go Live delayed but expected January, 2015
- Recent training was held in November
- Watch for upcoming dates to continue training, access to secure server
- This is mandatory training for paper abstract users
- Encourage logging into test-site for practice of entering charts
- Letter to facilities coming soon related to state web-based system being a secure site for patient records

**Data Submission:**

- The software based users download to the state quarterly which gets uploaded into our central trauma data registry
- To be consistent, we will want the web-based users to comply with the same requirements
- This will be posted on the website for reference

**Data Validation:**

- Ensures consistency in abstraction and data entry for the registry
- Ensures accurate data used for education, research, policy compliance, injury prevention and trauma center verification/designation
- Should be integral part of the overall performance improvement process

**Pediatric Disaster Response and Emergency Preparedness Training: June 18-19 in Billings****Committee Reports:**

Education/Finance - Next meeting discuss resources for next fall. We have \$1,096 at this time.

EMS/Medical Directors - Discussion regarding transporting to the appropriate facility and centralized dispatch.

RNs - Discussion around recent designation visit and lessons learned in preparation and during the visit. PI and peer review integration between hospital and trauma process. Coordinator/Registrar job description review.

**Planned Area Trauma Updates:**

Should we have agreements with other flight services on transporting blood? John will give contact information of flight crews to SPH blood bank.

RN and EMT faculty needed for ATLS courses: Contact Gail Hatch at the state office

Megan Hamilton will help facilities/agencies meet education needs for nurses and EMTs free of charge

TNCC in July

ENPC in January and June

ATCN offered at ATLS courses in Billings

Spring Fever Saturday April 11<sup>th</sup> free of charge at the Hilton Garden Inn

Online registration in early March

**Public Comment:**

**NEXT WRTAC APRIL 10<sup>th</sup> AT SAINT PATRICK HOSPITAL**